

SEP 21 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

30313

1. PLACE OF DEATH

County Clay Registration District No. 201
Township Liberty Primary Registration District No. 5280
City _____ (No. _____ St. _____ Ward _____)

File No. 84
Registered No. _____

2. FULL NAME

Lea Fitchus

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>unborn</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unborn</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unborn</u>		
7. AGE	YEARS	MONTHS
<u>unborn</u>		
		DAYS
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>history is janitor</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9-36

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2 am.

The principal cause of death and related causes of importance were as follows:

killed by Partisan unknown by striking him in the head with a hatchet Date of onset

Other contributory causes of importance:

1756

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? homicide Date of injury 8-9-36

Where did injury occur? in clay county miss
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

out in country public place

Manner of injury _____

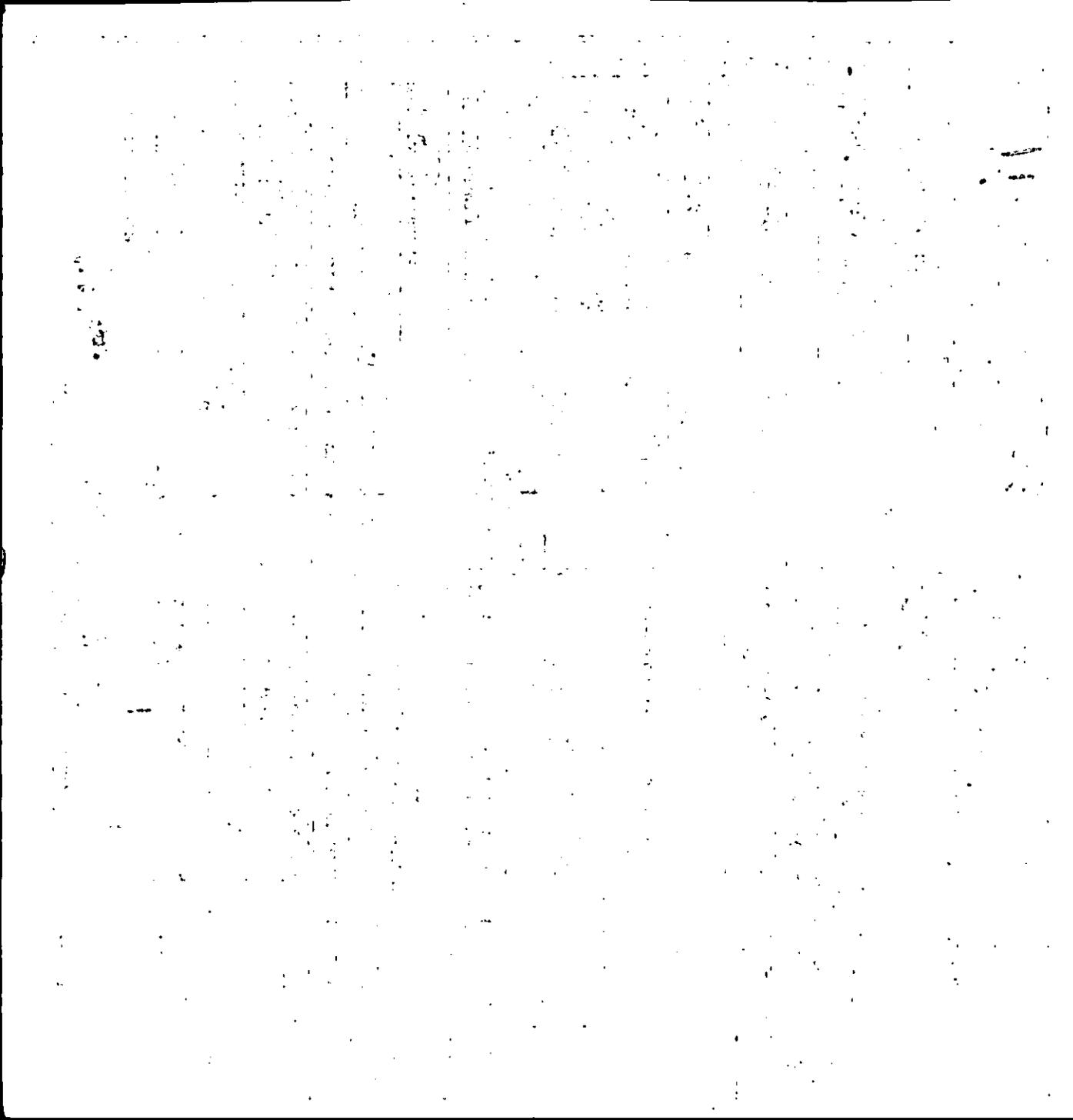
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Catherine Wysocki Coroner
(Address) Liberty Clay Co Missouri

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unborn</u>
	13. NAME <u>unborn</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unborn</u>
	15. MAIDEN NAME <u>unborn</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unborn</u>
	17. INFORMANT (ADDRESS) <u>M. T. McDonald 209 Oakland N. E. K.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Kansas City Mo</u> DATE <u>8-12-36</u>
	19. UNDERTAKER (ADDRESS) <u>K. C. Campbell & Casket Co 440 State St Kansas</u>
	20. FILED <u>8/13</u> 19 <u>36</u> <u>E. T. Brown</u> Registrar



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BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

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1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. _____)

Registration District No. 201
Primary Registration District No. 2780

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Leon Fitchner

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ✓

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WK

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) WK

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrz. or _____ mid.
about 50 years

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED W. H. & E. T. Brant _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) _____, M. D.

(Address) _____

TEMPORARY

Brant

S-30313